Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

Original Copy No. I

UNITED STATES DISTRICT COURT

United States Sourts
Southern District of Texas
FILED

for the

OCT 02 2020

District of

David J. Bradley, Clerk of Court

Division

Steven Antony White 0 2204/30)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint.

If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Iohn Do Dot Officer Harris (o, Jail)

John Doe, Dot Officer Harris (o, Jail)

John Doe, Dot Officer Harris (o, Jail)

Lal Londoz, Sheriff

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

with the full list of names. Do not include addresses here.)

Case No.

(to be filled in by the Clerk's Office)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Stoven Antong White

All other names by which
you have been known:

ID Number

O 2204130

Current Institution

Have is County To it

Current Institution

HAMRIS COUNTY Jail

Address

1200 Baker St.

Houston Texas 77002

City State Zip Code

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (if known) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1	
Name	John Doe
Job or Title (if known)	Detention Officer
Shield Number	
Employer	Ed Gonzalez Shoriff
Address	Ed Gonzalez, Shoriff 1200 Baker St.
	Houston Texas 77002 City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	John Doe
Job or Title (if known)	Detention Officier
Shield Number	
Employer	Ed Donzalez Sheatt
Address	Ed Donzalez Sheart 1200 BAKER St.
	HOUSTON TEXAS 77002 City State Zip Code
	City State Zip Code
	☐ Individual capacity ☐ Official capacity

II.

officials?

	Defendant No. 3	
	Name	John Doe.
	Job or Title (if known)	John Doe. Detention Officer
	Shield Number	
	Employer	Ed BONZalez
	Address	A ~ /
		HOUSTON TEXAS 77002 Fill Signer Zip Code
		City State Zip Code
		Individual capacity Official capacity
	Defendant No. 4	
	Name	Ed Donzalez
	Job or Title (if known)	SHERIFF
	Shield Number	
	Employer	HARRIS Co. Sheriff Office
	Address	1200 Baker St.
		HOUSTON TEXAS 77002 City State Zip Code
		Individual capacity Official capacity
Basis f	or Jurisdiction	
immun <i>Federa</i>	ities secured by the Constitution and	e or local officials for the "deprivation of any rights, privileges, or d [federal laws]." Under <i>Bivens v. Six Unknown Named Agents of (1971)</i> , you may sue federal officials for the violation of certain
A.	Are you bringing suit against (check	: all that apply):
	Federal officials (a Bivens cla	im)
	State or local officials (a § 19)	83 claim)
B.	the Constitution and [federal laws]	g the "deprivation of any rights, privileges, or immunities secured by ." 42 U.S.C. § 1983. If you are suing under section 1983, what ight(s) do you claim is/are being violated by state or local officials?
	Civil Rights - Crucla	nd Unusual Punishment - (Assault).
C.		only recover for the violation of certain constitutional rights. If you itutional right(s) do you claim is/are being violated by federal

	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. Aft wanted defendants Acted under color of State Statute as Detention Officers for Hallis County Sheriff office.
Ш.	Priso	ner Status
	Indic	ate whether you are a prisoner or other confined person as follows (check all that apply):
	4	Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Stater	ment of Claim
	allege furthe any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include r details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain tent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		IN HALLIS CO. JAIL (711) ON OX about 8/27/2020
		, - · · · · · · · · · · · · · · · · · ·

C. What date and approximate time did the events giving rise to your claim(s) occur?

August 27, 2020 at 4:30 pm

What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? D. Was anyone else involved? Who else saw what happened?) 1. Office a John Doe grab me and Stammed into a Concrete Wall while hand-cuffed causing serious invixy requiring medical attention- Splitting my Head open, while escorting me Lock-up coll along with two other officers, they got more aggressive, started to pllmy ARM rep-ward from behind causing extreme pain. At NO point did I resist officers. The called me a NAZI SPIC. The officer devial my pleas For Medical attention. Stammed me on the Floor and pot their Knees on my Nack.

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

1. Busted my Head open (BACK and Side) 2. Injured my sums, shoulder to the point I could hardly move them to diess or use bathroom.

VI. Relief

V.

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

1. Declaratory Judgement against HARRIS Co. Jail For Excessive Use of force against pretrial detainer-unprovoked.

2. Ten Million Dollars in actual danages.

3. Puritire damages against Sheriff Dept.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility? Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	Harris Courty Sheriff Jail (711)
B.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	□ (Ves)
	□ No
	☐ Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	□ (Yes)
	□ No
	☐ Do not know
	If yes, which claim(s)?

Excessive Use of Force-Assac Hing/Abusing Innates

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	(Yes)
	☐ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	D(Yes) 1200 BAKER JAIL
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	1200 Baker JAil
	2. What did you claim in your grievance?
	06 * (A) 10 (1a) 1 (6 £ £ £ £ .
	Physical Abuse/Kebal Abuse and threats to have
	3. What was the result, if any?
	NIA
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

	F.	If you did not file a grievance:
		1. If there are any reasons why you did not file a grievance, state them here:
		N/A
		2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		N/A
	G.	Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.
		Sot. Valentine took statement; made written Report.
		(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)
VIII.	Previo	us Lawsuits
	the fili brough malicie	hree strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying ing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility at an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous ous, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent of serious physical injury." 28 U.S.C. § 1915(g).
	To the	best of your knowledge, have you had a case dismissed based on this "three strikes rule"?
	☐ Ye	es
	If yes,	state which court dismissed your case, when this occurred, and attach a copy of the order if possible.
		NA

imprisonment?

1.	Parties to the previous lawsuit
	Plaintiff(s) N/A
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
	Harris County TV
3.	Docket or index number
	NA
4.	Name of Judge assigned to your case
	Name of Judge assigned to your case \mathcal{N}/\mathcal{A}
5.	Approximate date of filing lawsuit N/A
	N/A
6.	Is the case still pending?
0.	Yes
	□ No
	If no, give the approximate date of disposition.
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

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	☐ Yes
	E (No)
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s) Nefendant(s)
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	$t \cdot \int d$
	\mathcal{L}/\mathcal{A}
	3. Docket or index number h / A
	· N/A
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	5. Approximate date of filing lawsuit
	N/H
	6. Is the case still pending?
	☐ Yes
	□ No
	If no, give the approximate date of disposition \mathcal{N}/\mathcal{A}
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	XEL			
Printed Name of Plaintiff	Steve	i ANTON	y White	
Prison Identification #	022	04/30		VALUE OF THE PARTY
Prison Address		Bakel	SY.	
	Houst		PEXAS	77002
		City	State	Zip Code
For Attorneys				
Date of signing:	1/4			
70		=		
Signature of Attorney				
	(4			
Signature of Attorney				
Signature of Attorney Printed Name of Attorney	· · · · · · · · · · · · · · · · · · ·			
Signature of Attorney Printed Name of Attorney Bar Number				
Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm		City		Zin Code
Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm		City	State	Zip Code